BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052 www.boonecounty.in.gov

ENVIRONMENTAL DIVISION SUITE B201 (765) 483-4458 (765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION SUITE B202 (765) 482-3942 (765) 483-4450 FAX

Application For Temporary Food Establishment Permit

Temporary Food Permit	\$70.00 per event per unit
Multi Event Temporary	\$210.00 over 3 events per unit
Commissary	\$100.00
Mobile Pre-Packaged	\$50.00
Mobile Cook/Serve	\$140.00
Farmer's Market	\$70.00
Multi Farmer's Market	\$140.00

Complete all information and return no later than <u>5 days</u> before the scheduled event						
Name of Temporary Event:						
Event Location:	Dates of Event:]	Hours of Operation:		
Name of Stand:		Manager's Name:				
Owner's Name:		Telephone Number:				
Mailing Address:		E-mail Address:				
City:		State: Zip Code:				
Provide Copy of Certified Food Handler	Certificate	•				
Location of Commissary: Address: City: Provide Copy of County Health Dept. Permit		Have arrangements been made with the Event Coordinator? YES NO				
List Food(s) to be Served:						
Sewage Disposal: City Private		Water Source:	City _	Private		
I hereby certify that the above information is correct Commissioner's Ordinance 2016-05, 410 IAC 7-24 I understand that the food establishment permit is not I understand that fees associated with the application I will keep the permit posted on the above mentione Signed	and all other a ot transferable in and permit a ed premises in	applicable state and lo or refundable. re non-refundable. a conspicuous location	ocal code	es.		
	For Of	fice Use				
Permit Issued		Receipt Number				
Permit Number		Amount Paid				
Check No./Cash/Charge		*** If you would like to use a Charge Card please contact the office.				